

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10591524

FILING DATE

7-28-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1					
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	5		1			
11			1			
12			1			
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	12	←	9	←		←
TOTAL CLAIMS	14		11			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←		←
TOTAL CLAIMS						